

DEBTOR(S): Powell Valley Health Care, Inc.

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NUMBER: 16-20326

**Form 2-A
COVER SHEET**

For Period End Date: 06/30/2016

Accounting Method: ☒ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents unless the U. S. Trustee
has waived the requirement in writing. File the original with the Clerk of Court.
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input type="checkbox"/>	<input checked="" type="checkbox"/> no change	9. Evidence of insurance for all policies renewed or replaced during month

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: _____

Print Name: Michael Long

Signature: 

Title: Chief Financial Officer

DEBTOR(S) Powell Valley Health Care, Inc. CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 06/01/2016 to 06/30/2016

CASH FLOW SUMMARY

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>4,255,881</u> (1)	\$ <u>3,499,673</u> (1)
2. Cash Receipts		
Operations	3,355,302	5,439,466
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
Total Cash Receipts	\$ <u>3,355,302</u>	\$ <u>5,441,636</u>
3. Cash Disbursements		
Operations	3,343,488	4,517,614
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	138,350	294,350
Total Cash Disbursements	\$ <u>3,481,838</u>	\$ <u>4,811,964</u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>-126,536</u>	<u>629,672</u>
5 Ending Cash Balance (to Form 2-C)	\$ <u>4,129,345</u> (2)	\$ <u>4,129,345</u> (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	-1,161,869
DIP State Tax Account		0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	10,347
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	5,278,697
Retainers held by professionals (i.e. COLTAF)		0
TOTAL (must agree with Ending Cash Balance above)		\$ <u>4,129,345</u> (2)

- (1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.
Current month beginning cash balance should equal the previous month's ending balance.
- (2) All cash balances should be the same.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT
 For Period: 06/01/2016 to 06/30/2016

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
06/01/2016	Medicare EFT	Patient/Resident Accounts	\$ 9,296.93
06/01/2016	Cigna	Patient/Resident Accounts	28,800.00
06/01/2016	Other	Cash Payments	11,909.08
06/01/2016	Other EFT's	Patient/Resident Accounts	17,318.33
06/02/2016	Medicare EFT	Patient/Resident Accounts	19,660.38
06/02/2016	Other Commercial	Patient/Resident Accounts	2,710.60
06/02/2016	Other	Cash Payments	26,807.70
06/02/2016	Other EFT's	Patient/Resident Accounts	46,238.69
06/03/2016	Medicare EFT	Patient/Resident Accounts	37,908.05
06/03/2016	Cigna	Patient/Resident Accounts	1,782.54
06/03/2016	Other Commercial	Patient/Resident Accounts	5,574.21
06/03/2016	Other	Cash Payments	27,468.99
06/03/2016	Other EFT's	Patient/Resident Accounts	25,894.56
06/06/2016	Medicare EFT	Patient/Resident Accounts	17,183.97
06/06/2016	Aetna/Blue Cross Blue Shield	Patient/Resident Accounts	153,122.10
06/06/2016	Cigna	Patient/Resident Accounts	7,580.08
06/06/2016	Other Commercial	Patient/Resident Accounts	42,498.82
06/06/2016	Other	Cash Payments	8,771.65
06/06/2016	Other EFT's	Patient/Resident Accounts	35,523.37
06/07/2016	Medicare EFT	Patient/Resident Accounts	19,182.86
06/07/2016	Aetna/Blue Cross Blue Shield	Patient/Resident Accounts	1,852.28
06/07/2016	Cigna	Patient/Resident Accounts	34,585.83
06/07/2016	Other Commercial	Patient/Resident Accounts	80,691.77
06/07/2016	Other	Cash Payments	13,669.43
06/07/2016	Other EFT's	Patient/Resident Accounts	5,740.60
06/08/2016	Medicare EFT	Patient/Resident Accounts	31,589.36
06/08/2016	Cigna	Patient/Resident Accounts	2,155.40
06/08/2016	Other Commercial	Patient/Resident Accounts	942.02
06/08/2016	Other	Cash Payments	29,758.26
06/08/2016	Other EFT's	Patient/Resident Accounts	22,513.60
06/09/2016	Medicare EFT	Patient/Resident Accounts	39,327.37
06/09/2016	Other Commercial	Patient/Resident Accounts	20,913.75
06/09/2016	Other	Cash Payments	4,891.76
06/09/2016	Other EFT's	Patient/Resident Accounts	96,259.43
06/10/2016	Medicare EFT	Patient/Resident Accounts	18,254.88
06/10/2016	Aetna/Blue Cross Blue Shield	Patient/Resident Accounts	10,112.32
06/10/2016	Other Commercial	Patient/Resident Accounts	4,858.16
06/10/2016	Other	Cash Payments	6,396.56
06/10/2016	Other EFT's	Patient/Resident Accounts	39,128.14
06/13/2016	Medicare EFT	Patient/Resident Accounts	7,801.17
06/13/2016	Aetna/Blue Cross Blue Shield	Patient/Resident Accounts	90,938.83
06/13/2016	Cigna	Patient/Resident Accounts	42,034.31
06/13/2016	Other Commercial	Patient/Resident Accounts	37,957.35
06/13/2016	Other	Cash Payments	10,519.49
06/13/2016	Other EFT's	Patient/Resident Accounts	271,420.22
06/14/2016	Medicare EFT	Patient/Resident Accounts	42,226.74
06/14/2016	Cigna	Patient/Resident Accounts	1,714.20
06/14/2016	Other Commercial	Patient/Resident Accounts	55,205.57
06/14/2016	Other	Cash Payments	24,377.89
06/14/2016	Other EFT's	Patient/Resident Accounts	20,450.13
06/15/2016	Medicare EFT	Patient/Resident Accounts	2,907.72
06/15/2016	Other Commercial	Patient/Resident Accounts	10,348.05
06/15/2016	Other	Cash Payments	25,758.14
06/15/2016	Other EFT's	Patient/Resident Accounts	29,516.21
06/16/2016	Medicare EFT	Patient/Resident Accounts	29,904.97
06/16/2016	Other Commercial	Patient/Resident Accounts	5,926.74
06/16/2016	Other	Cash Payments	4,876.78
06/16/2016	Other EFT's	Patient/Resident Accounts	71,396.24
06/17/2016	Other	Cash Payments	22,458.31
06/17/2016	Other EFT's	Patient/Resident Accounts	11,114.55
06/20/2016	Medicare EFT	Patient/Resident Accounts	38,606.10
06/20/2016	Aetna/Blue Cross Blue Shield	Patient/Resident Accounts	13,772.58
06/20/2016	Other Commercial	Patient/Resident Accounts	13,262.79
06/20/2016	Other	Cash Payments	13,231.02
06/20/2016	Other EFT's	Patient/Resident Accounts	99,370.11
06/21/2016	Medicare EFT	Patient/Resident Accounts	26,989.05
06/21/2016	Aetna/Blue Cross Blue Shield	Patient/Resident Accounts	177,656.40
06/21/2016	Cigna	Patient/Resident Accounts	44,651.21
06/21/2016	Other Commercial	Patient/Resident Accounts	76,059.52
06/21/2016	Other	Cash Payments	7,259.69
06/21/2016	Other EFT's	Patient/Resident Accounts	4,346.86
06/22/2016	Medicare EFT	Patient/Resident Accounts	17,668.87
06/22/2016	Other Commercial	Patient/Resident Accounts	960.15
06/22/2016	Other	Cash Payments	2,764.84
06/22/2016	Other EFT's	Patient/Resident Accounts	38,066.92
06/23/2016	Medicare EFT	Patient/Resident Accounts	35,547.02
06/23/2016	Other Commercial	Patient/Resident Accounts	2,972.83
06/23/2016	Other	Cash Payments	47,240.82
06/23/2016	Other EFT's	Patient/Resident Accounts	34,081.70
06/24/2016	Medicare EFT	Patient/Resident Accounts	17,752.68
06/24/2016	Cigna	Patient/Resident Accounts	2,372.12
06/24/2016	Other Commercial	Patient/Resident Accounts	8,067.56
06/24/2016	Other	Cash Payments	5,973.65
06/24/2016	Other EFT's	Patient/Resident Accounts	8,812.77
06/27/2016	Medicare EFT	Patient/Resident Accounts	118,063.04
06/27/2016	Aetna/Blue Cross Blue Shield	Patient/Resident Accounts	106,279.30
06/27/2016	Cigna	Patient/Resident Accounts	3,231.76
06/27/2016	Other Commercial	Patient/Resident Accounts	10,555.11
06/27/2016	Other	Cash Payments	22,919.36
06/27/2016	Other EFT's	Patient/Resident Accounts	100,074.47
06/28/2016	Medicare EFT	Patient/Resident Accounts	24,929.75
06/28/2016	Cigna	Patient/Resident Accounts	41,677.55
06/28/2016	Other Commercial	Patient/Resident Accounts	26,256.30
06/28/2016	Other	Cash Payments	11,193.32
06/28/2016	Other EFT's	Patient/Resident Accounts	6,617.53
06/29/2016	Medicare EFT	Patient/Resident Accounts	13,679.97
06/29/2016	Other Commercial	Patient/Resident Accounts	82,949.51
06/29/2016	Other	Cash Payments	10,057.09
06/29/2016	Other EFT's	Patient/Resident Accounts	88,549.49
06/30/2016	Medicare EFT	Patient/Resident Accounts	35,594.17
06/30/2016	Other Commercial	Patient/Resident Accounts	1,237.92
06/30/2016	Other	Cash Payments	14,485.14
06/30/2016	Other EFT's	Patient/Resident Accounts	71,736.30
Total Cash Receipts			\$ 3,355,301.78 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 06/01/2016 to 06/30/2016

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No:

8425

Date	Check No.	Payee	Description (Purpose)	Amount
06/01/16	1015	Immucor	Deposit against post petition invoice: \$	650.00
06/01/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	11,877.70
06/01/16	EFT	Electronic Funds Transfer	Montana State payroll tax	940.00
06/02/16	1016	FFF Enterprise	Deposit against post petition invoices	4,000.00
06/02/16	1017	District Court - Buffalo	PR 5/21/16 ganishment	481.38
06/02/16	1018	US Dept of Education	PR 5/21/16 ganishment	236.06
06/02/16	1019	Performant Recovery Inc	PR 5/21/16 ganishment	157.37
06/02/16	1020	Circuit Court - Basin	PR 5/21/16 ganishment	461.42
06/02/16	1021	Wy Child Support	PR 5/21/16 ganishment	375.14
06/02/16	1022	Circuit Court - Park	PR 5/21/16 ganishment	1,307.07
06/02/16	1023	Amerisource Bergin	Deposit against post petition invoices	23,000.00
06/02/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	10,662.30
06/06/16	1024	Beckman Coulter	Deposit against post petition invoices	1,300.00
06/06/16	1025	McKesson	Deposit against post petition invoices	50,000.00
06/07/16	1026	Delta Locum	Deposit against post petition invoices	28,000.00
06/09/16	1027	Monida	Deposit against post petition invoices	400.00
06/09/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	545,989.52
06/09/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	15,694.87
06/10/16	1028	Beatty Marketing	Deposit against post petition invoices	200.00
06/10/16	EFT	Electronic Funds Transfer	Trsf to pension act - 7901	62,174.42
06/13/16	1029	Big Horn District Court	Garnishment - reissue from above	142.84
06/13/16	1030	Circuit Court - Park	Garnishment - reissue from above	1,164.23
06/13/16	EFT	Electronic Funds Transfer	Montana State payroll tax	940.00
06/13/16	EFT	Electronic Funds Transfer	Federal withholding payroll paxes	106,751.32
06/13/16	EFT	Electronic Funds Transfer	FICA payroll taxes	103,196.09
06/13/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	87,701.59
06/16/16	1031	Farmer Brother	Deposit against post petition invoices	2,500.00
06/16/16	1032	State of Wyoming	QRA Payment	150,155.00
06/16/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	19.04
06/20/16	1033	Quva Pharma	Deposit against post petition invoices	300.00
06/20/16	1034	Stryker Endo	Deposit against post petition invoices	500.00
06/20/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	175,884.81
06/21/16	1035	MRI Staffing	Deposit against post petition invoices	11,000.00
06/22/16	1036	Stryker Instrument	Deposit against post petition invoices	3,500.00
06/23/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	540,214.56
06/23/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	12,992.85
06/27/16	EFT	Electronic Funds Transfer	FICA payroll taxes	98,347.30
06/27/16	EFT	Electronic Funds Transfer	Federal withholding payroll paxes	105,127.23
06/27/16	EFT	Electronic Funds Transfer	Trsf to pension act 7901	57,635.52
06/27/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	113,006.37
06/28/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	114,543.41
06/30/16	1037	Siemens	Deposit against post petition invoices	13,000.00
	2000-2338	Accounts Payable checks	See attached check register	1,025,308.34

Total Cash Disbursements \$ 3,481,837.75 (1)

Form 2-C
COMPARATIVE BALANCE SHEET
For Period Ended: 06/30/2016

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 4,228,022	\$ 4,255,881
Accounts Receivable (from Form 2-E)	8,420,268	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	759,145	757,444
Other Current Assets :(List) <u>Pre-paid Expense</u>	900,249	865,872
<u>Receivable from legal settlements</u>	11,450,000	11,450,000
Total Current Assets	\$ 25,757,684	\$ 25,712,723
Fixed Assets:		
Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,006,443	9,997,873
Total Fixed Assets	10,700,877	10,692,307
Less: Accumulated Depreciation	(8,307,557)	(8,254,973)
Net Fixed Assets	\$ 2,393,320	\$ 2,437,334
Other Assets (List): _____	0	0
_____	0	0
TOTAL ASSETS	\$ 28,151,004	\$ 28,150,057
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ 1,332,505	\$ 1,167,152
Post-petition Accrued Profesional Fees (from Form 2-E)	228,501	250,000
Post-petition Taxes Payable (from Form 2-E)	216,983	172,650
Post-petition Notes Payable	128,616	128,056
Other Post-petition Payable(List): <u>see schedul 2G liab</u>	3,516,648	3,405,269
<u>Legal claim reserve</u>	11,750,000	11,750,000
Total Post Petition Liabilities	\$ 17,173,253	\$ 16,873,127
Pre Petition Liabilities:		
Secured Debt	1,142,597	1,153,923
Priority Debt	0	0
Unsecured Debt	1,436,567	1,415,297
Total Pre Petition Liabilities	\$ 2,579,164	\$ 2,569,220
TOTAL LIABILITIES	\$ 19,752,417	\$ 19,442,348
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	-293,019	16,103
TOTAL OWNERS' EQUITY	\$ 8,398,587	\$ 8,707,709
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ 28,151,004	\$ 28,150,057

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-D
PROFIT AND LOSS STATEMENT
For Period 06/01/2016 **to** 06/30/2016

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 5,909,131	\$ 9,137,578
Less: Discounts, Returns and Allowances	(2,501,505)	(3,904,145)
Net Operating Revenue	\$ 3,407,626	\$ 5,233,433
Cost of Goods Sold	3,355,469	4,959,162
Gross Profit	\$ 52,157	\$ 274,271
Operating Expenses		
Officer Compensation	\$ 14,237	\$ 20,606
Selling, General and Administrative	0	0
Rents and Leases	84,808	123,398
Depreciation, Depletion and Amortization	63,084	90,042
Other (list): <u>Repairs</u>	56,300	73,730
<u>Insurance</u>	62,037	91,793
Total Operating Expenses	\$ 280,466	\$ 399,569
Operating Income (Loss)	\$ -228,309	\$ -125,298
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-4,540	-7,540
Other Non-Operating Income	0	0
Net Non-Operating Income or (Expenses)	\$ -4,540	\$ -7,540
Reorganization Expenses		
Legal and Professional Fees	\$ 60,170	\$ 144,078
Other Reorganization Expense	0	0
Total Reorganization Expenses	\$ 60,170	\$ 144,078
Net Income (Loss) Before Income Taxes	\$ -293,019	\$ -276,916
Federal and State Income Tax Expense (Benefit)	0	0
NET INCOME (LOSS)	\$ -293,019	\$ -276,916

(1) Accumulated Totals include all revenue and expenses since the petition date.

Rev. 1/15/14

DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)
SUPPORTING SCHEDULES

For Period: 06/01/2016 to 06/30/2016

Summary of Post-Petition Taxes				
Type of tax	1	2	3	4
	Unpaid post-petition taxes from prior reporting month(1)	Post-petition taxes accrued this month (new obligations)	Post-petition tax payments made this reporting month	Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
Federal				
Employee income tax withheld	77,680	210,012	211,879	75,813
Employee FICA taxes withheld	36,856	99,178	100,772	35,262
Employer FICA taxes	36,856	99,178	100,772	35,262
Unemployment taxes				
Other:				
State				
Sales, use & excise taxes	44	44		89
Unemployment taxes	2,300	4,600		6,900
Other: Worker Compensation	18,915	44,742		63,656
Local				
Personal property taxes				
Real property taxes				
Other:				
Total unpaid post-petition taxes				216,983

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	UMIA, USI Insurance Service	\$1M/\$5M with \$12M umbrella	08/01/2016	08/01/2016
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2016	08/01/2016
Vehicle	National Indemnity Company/RPS, Ohio Security Insurance, USI Insurance Service	\$1M auto & \$1m Ambular	08/01/2016	08/01/2016
Other (list): Director & Officer Liability	Darwin National Assurance Co., USI Insurance Service	\$2m	09/01/2016	09/01/2016
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	08/15/2016	08/15/2016
Other (list): Crime	Travelers Casualty and Surety, USI Insurance Service	\$500,000	08/01/2016	08/01/2016

If any policies were renewed or replaced during reporting period, attach new certificate of insurance.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 2 of 2)
SUPPORTING SCHEDULES

For Period: 06/01/2016 00:00 to 06/30/2016 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables	79,757	800,179	997,354	2,328,024	4,205,315
Post-petition receivables	3,077,063	1,137,891			4,214,954
Total	3,156,820	1,938,070	997,354	2,328,024	8,420,268

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	522,666	694,091	8,659	44,619	1,270,035
Other Payables	4,250	4,250	4,250	49,720	62,470
Total	526,916	698,341	12,909	94,338	1,332,505

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$228,501	\$	\$		\$228,501
Counsel for Unsecured Creditors' Committee					
Trustee's Counsel					
Accountant					
Other:					
Total	\$				

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Michael Long	Chief Financial Officer	Salary/Wages	14,238

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-F
QUARTERLY FEE SUMMARY *
For the Month Ended: 06/30/2016

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	_____ \$	0			
February	_____	0			
March	_____	0			
TOTAL 1st Quarter	\$	0 \$			
April	_____ \$	0			
May	<u>20 16</u>	1,330,126			
June	<u>20 16</u>	3,481,838			
TOTAL 2nd Quarter	\$	4,811,964 \$	10,400		
July	_____ \$	0			
August	_____	0			
September	_____	0			
TOTAL 3rd Quarter	\$	0 \$			
October	_____ \$	0			
November	_____	0			
December	_____	0			
TOTAL 4th Quarter	\$	0 \$			

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

Rev. 1/15/14

DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO: 16-20326

**Form 2-G
NARRATIVE**

For Period Ending: 06/30/2016

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.